

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested classification:: None
Suggested Group Art Unit:: None
CD-ROM or CD-R?:: None
Computer Readable Form (CRF)?:: No
Title:: DEVICE AND METHOD FOR
CONTROLLED EXPRESSION OF
GASES FROM MEDICAL FLUIDS
DELIVERY SYSTEMS
Attorney Docket Number:: 355908-8201
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 15
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David G.
Family Name:: MATSUURA
City of Residence:: Encinitas

State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 859 Summersong Court
City of mailing address:: Encinitas
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Philip J.
Family Name:: SIMPSON
City of Residence:: Escondido
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 3185 Pioneer Place
City of mailing address:: Escondido
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92025

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Walter D.
Family Name:: GILLESPIE
City of Residence:: San Diego
State or Province of Residence:: CA
Country of Residence:: US
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City of mailing address:: San Diego
State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 92109

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Davis A.R.

Family Name:: KANBERGS

City of Residence:: Milton

State or Province of Residence:: ON

Country of Residence:: Canada

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City of mailing address:: Milton

State or Province of mailing address:: ON

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Taras

Family Name:: WORONA

City of Residence:: Etobicoke

State or Province of Residence:: ON

Country of Residence:: Canada

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State or Province of mailing address:: ON

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Correspondence Information**Correspondence Customer Number::** 38706**E-Mail address::** PTOMailSiliconValley@foley.com**Representative Information****Representative Customer Number::** 38706**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/CA2003/001645	10/28/2003 (Claims amended 8/10/2004)
PCT/CA2003/001645	An application claiming the benefit under 35 USC 119(e)	60/421,781	10/29/2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information**Assignee Name::** Vasogen Ireland Limited